Arkansas Department of Health and Human Services

Division of Medical Services

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TO: **Arkansas Medicaid Health Care Providers – ElderChoices Home and Community-Based 2176 Waiver**

DATE: **December 5, 2005**

SUBJECT: **Provider Manual Update Transmittal #55**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
213.400	7-1-05	213.400	12-5-05
262.100	7-1-05	262.100	12-5-05

Explanation of Updates

This update refers to a previous update regarding a change to a modifier that was anticipated to be effective on July 1, 2005. The previous update informed providers that the modifier for procedure code **S5161** was being changed from **22** to **UA**. However, there was a delay in implementing the July 1st change. This update is being issued to inform providers about the new effective date.

Section 213.400: The new **UA** modifier will be effective with claims received on and after December 5, 2005.

Section 262.100:This section is included because the table has been updated to show the new **UA** modifier for procedure code **S5161**.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

213.400 Personal Emergency Response System 12-05-05

Procedure Code	Required Modifier	Description
S5161	UA	PERS Unit
S5160	—	PERS Installation

The Personal Emergency Response System (PERS) is an in-home, 24-hour electric support system with two-way verbal and electronic communication with an emergency control center. PERS enables an elderly, infirm or homebound individual to secure immediate help in the event of a physical, emotional or environmental emergency.

PERS is specifically designed for high-risk individuals whose needs have been carefully determined by the DHHS RN based on their level of medical vulnerability, functional impairment and social isolation. PERS is not intended to be a universal benefit. The DHS RN must verify that the individual is capable, both physically and mentally, of operating the PERS unit.

PERS must be prescribed by the client's attending physician and must be included in the client's written plan of care.

PERS providers must contact each client at least once per month to test the system's operation. The provider shall maintain a log of test calls that includes the date and time of each test, specific test results, corrective actions and outcomes.

A log of all client calls received must be maintained by the emergency response center. The log must reflect the date, time and nature of each call and the response initiated by the center. All calls must be documented in the client's record. See section 214.000 for other documentation requirements.

One (1) unit of service equals one (1) day. PERS is limited to a maximum of thirty-one (31) units per month.

The installation of PERS will be allowed once per lifetime or period of eligibility. Claims submitted for the installation of PERS should use procedure code **S5160**. Procedure code **S5160** may be billed for ElderChoices clients who are accessing PERS services for the first time or for the current period of re-eligibility for ElderChoices Waiver Services. In the event of extenuating circumstances that result in the need for reinstallation, the provider may contact the Division of Aging and Adult Services for extension of the benefit.

View or print Division of Aging and Adult Services contact information.

262.100 HCPCS Procedure Codes 12-05-05

The following procedure codes must be billed for ElderChoices Services:

Procedure Code	Required Modifier	Description	Unit of Service	POS for Paper Claims	POS for Electronic Claims
S5140	—	Adult Foster Care	1 day	0	99
S5130	—	Homemaker Services	15 min	4	12
S5170	U2	Home-Delivered Meals	1 meal	4	12
S5161	UA	Personal Emergency Response System	1 day	4	12
S5100	—	Adult Day Care 6 to 8 hours per date of service	15 min	5	52
S5100	TD	Adult Day Health Care 6 to 8 hours per date of service	15 min	5	52
T1005	—	Respite Care - Long-term Facility-Based	15 min	1 or 7	21 or 33
S5120	—	Chore Services	15 min	4	12
S5135	—	Respite Care - Short-term Facility-Based	15 min	5, 1, 7	52, 21, 33
S5150	—	Respite Care - In-Home	15 min	4	12
S5100	TD, U1	Adult Day Health Care 4 or 5 hours per date of service	15 min	5	52
S5100	U1	Adult Day Care 4 or 5 hours per date of service	15 min	5	52
S5170	ET	Emergency Home Delivered Meals	1 meal	4	12
S5160	—	Personal Emergency Response System - Installation	1 instal-lation	4	12
S5170	—	Frozen Home-Delivered Meal	1 meal	4	12